

Health disparities clear in cervical cancer rates

By Lauran Neergaard
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WASHINGTON - Virtually all deaths from cervical cancer are preventable, yet the disease will kill nearly 4,000 women in this country this year.

Frustrated scientists know who most of them will be -- black women in the South, Latinas along the Texas-Mexico border, white women in Appalachia and the rural Northeast and Vietnamese immigrants.

Efforts are under way to reach those women, including a \$25 million federal program poised to let communities recruit volunteers, average women who speak their patients' language and can engender trust, to push Pap testing and shepherd the newly diagnosed through an often-baffling medical system.

It's work made more urgent by the discovery that excess cervical cancer is a red flag for other health disparities: The same localities also have markedly high rates of breast and colorectal cancer, strokes and infant mortality.

The new report, from the National Cancer Institute, will "hopefully ring a bell for policymakers" in those communities, says Dr. Harold Freeman, a cancer specialist who works in Harlem and directs NCI's Center to Reduce Cancer Health Disparities.

"People are dying who should not die, based on what we already know. Delivering what we already know to all American people is the issue," Freeman said.

Pap smears are credited with slashing cervical cancer deaths by 75 percent in recent decades. This simple \$50 test can detect precancerous cells in time to prevent cervical cancer from forming -- or, if it is already there, in time to cure the usually slow-growing malignancy.

But most invasive cervical cancer is found in women who haven't had a Pap in five years, or ever.

Poverty is one culprit. Also, women with no regular doctor slip through the cracks. Older women are less likely to get a Pap, as are recent immigrants, perhaps because of language or cultural issues.

"Cervical cancer shouldn't be a cause of death any more; in fact it shouldn't be a problem anymore," said Dr. Stephen McPhee of UC San Francisco. "Yet here we are in 2005 dealing with a problem that should have been fixed 25 years ago. It's a bad reflection on the U.S. health-delivery system."

With funding from the Centers for Disease Control and Prevention, McPhee started a program in Santa Clara County to fight cervical cancer among Vietnamese immigrants, who have the nation's highest incidence of the disease -- a rate five times higher than that of white women.

Poverty aside, McPhee found that women who saw Vietnamese physicians were half as likely to have ever had a Pap. Perhaps it's modesty with the mostly male doctors, he speculates.

But when surveyed, most of those doctors didn't know their patients were at such high risk.

Called Suc Khoe La Vang -- "health is gold" -- the program advertised Paps in Vietnamese, gave Vietnamese doctors classes on cervical cancer and brought to the county a CDC program that provides free Paps for the poor.

And it trained volunteer "lay health workers" to educate their friends and neighbors about Paps.

Overall, the program increased Pap testing significantly, McPhee will report at an American Public Health Association meeting in November.

Those lay health workers were particularly influential: Among women who'd never had a Pap, 46 percent got one thanks to the volunteers, compared with 27 percent who only saw ads.

Freeman pioneered another way to use volunteers, as "patient navigators" to help women with an abnormal Pap result get treated, whether the barrier is money, language or winding through the complex health care system.

"This is the only person in the health care system whose job it is to watch the entire movement of the patient from funding to resolution," says Freeman, who employs four patient navigators at East Harlem's Ralph Lauren Center for Cancer Care and Prevention.

Among other successes, they get 95 percent of the center's uninsured patients into some program that will pay for their care.

There is federal money for communities to emulate such programs. A law passed this summer promises \$25 million in grants over five years for patient-navigator pilot projects.

If communities only knew to pay attention to cervical cancer, "this is a really easy one to fix," McPhee says.